DECLARATI	ON AND	Attor	ney Docket Number	21374Y							
POWER OF AT FOR UTILITY O		First	Named Inventor	Prasun K. Chakravarty	ısun K. Chakravarty						
PATENT APPL			CO	OMPLETE IF KNOWN							
(37 CFR 1.		Prasun K. Chakravarty  COMPLETE IF KNOWN  Application Number  Filing Date  Filing Date  Group Art Unit  Examiner Name  Group Art Unit  Examiner Name  Filing Date  Group Art Unit  Examiner Name  Group Art Unit  Examiner Name  Group Art Unit  Examiner Name  Filing Date  In disole inventor (if only one name is listed below) or an original, first and joint inventor (if plural object matter which is claimed and for which a patient is sought on the invention entitled:  GOLES AS SODIUM CHANNEL BLOCKERS  (Title of the Invention)  Fumber and Title of the Invention noted above  As a United States Application Number or PCT International  and was amended on (MM/DD/YYYY)  as United States Application, including the claims, as iffically referred to above.  The to the Patent and Trademark Office all information known to me to be material to patentability ing for continuation-in-part applications, material information which became available between tion and the national or PCT international filing date of the continuation-in-part application.  Filing material States of the application on which priority is claimed.  Country  Foreign Filing Date  Foreign Filing Date  Foreign Filing Date  (MM/DD/YYYY)  Attorney Docket Number  Priority Claim  Filing Date  Filing Date									
Declaration Submitted	Declaration Submitted after Initial		Filing Date								
with Initial OR Filing	Filing (surcharge (37 CFR 1.16 (e))	1	Art Unit			•					
	requirea)	Exam	iner Name								
As a below named inventor	r, I hereby declare th	at:									
My residence, post office ad	ldress, and citizenship	are as st	ated below next to my n	ame.							
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as defined in 37 CFR 1.56, in	ncluding for continuat	ion-in-p	art applications, materia	l information which became availal	ble betweer	ty n					
I hereby claim foreign priorit	v benefits under 35 U.	S.C. 119	9(a)-(d) or (f) or 365(b)	of any foreign application(s) for pa	tent or inve	ntor's					
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## **DECLARATION AND POWER OF ATTORNEY** for Utility or Design Patent Application

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#### **DECLARATION AND POWER OF ATTORNEY**

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Addition	ıal J	oint Inventor, if any:				A	petiti	on has b	een filed f	or this unsigne	d inventor
Give	n Na	me (first and middle [it	any])					F	amily Na	ame or Surnar	ne
Michael H.					F	isher					
Inventor's Signature									Date		
Residence: City	Ring	goes	State	NJ		Cou	ntry	USA		Citizenship	USA
Post Office Address		Merck & Co., Inc., P.O.	Box 200	00	,						
City		Rahway			Sta	ite	NJ		ZIP	07065-090	7
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As a below named inventor, I h	ereby declare that	•				
My residence, post office address I believe I am the original, first a names are listed below) of the su	s, and citizenship and sole inventor (if	f only one	below next to my name is listed belo	w) or an origi	inal, first and joint inventor it on the invention entitled:	(if plural
names are listed below) of the sulfaryl SUBSTITUTED PYRA	iojoot					
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C 1:-1		(Title	of the Invention)			1
the specification of which  bears the Attorney Docket	Number and Title	of the Inve	ntion noted above			1
OR is attached hereto OR Was filed on (MM/DD/YY Application Number I hereby state that I have review amended by any amendment sp I acknowledge the duty to disc as defined in 37 CFR 1.56, inception of the filing date of the prior app	wed and understand pecifically referred close to the Patent a	I the conter to above. and Trademation-in-par	ded on (MM/DD/ nts of the above id nark Office all infort applications, ma	entified speci	vn to me to be material to pa tion which became available e continuation-in-part applic	cable).  Is, as  Itentability  e between  cation.
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Additional foreign application	ation numbers are list	ed on a supp	olemental priority da	a sheet PTO/SI	3/02B attached hereto.	
Additional foreign application I hereby claim the benefit under	- 35 II S C 119(e) of	any United	States provisional ap	plication(s) list	ed below.	
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# DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

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### ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Addit	ional J	oint Inventor, if any:				<u> </u>				Fami	y Nan	ne or Su	rnam	e
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Approved for use through 07/31/2006. OMB 0651-0032

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ame of Legal Representative:		Fa	mily Name	or Sur	name			
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Jeffrey M.	The n					D-1-	5.17	,2004
egal Representative's gnature	M SM	*	IJ ]	Countr	y USA			JSA
esidence: City Ringoes	State		13		-			
Mailing Address 1049 Old York Road								
∕lailing Address		Γ-		$\neg \tau$				USA
<del></del>		Sta	te NJ		zip 08551			
City Ringoes			A petitio	on has b	peen filed for this n	on-sign	ing legal re	presentative
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This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the understanding the complete of the confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the to take 21 minutes to complete, including gathering, preparing, and submitting the complete displayment for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments of the complete this form and/or suggestions for reducing this burden, should be sent to the Chief individual case. Any comments of the complete this form and/or suggestions for reducing the complete this form and/or suggestions for reducing the complete this form and/or suggestions for reducing

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.